

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> <b>Bob Casey for Senate Inc</b>				
<b>ADDRESS</b> (number and street) PO Box 58746				
<b>CITY</b> Philadelphia		<b>STATE</b> PA		<b>ZIP CODE</b> 19102
<b>2. NAME OF CANDIDATE</b> Casey, Robert, P., , Jr.			<b>3. OFFICE SOUGHT</b> (State and District) Senate PA	
<b>4. FEC IDENTIFICATION NUMBER</b> C00431056				
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____				
<b>A. FULL NAME</b> O'Neill, Miriam, P., ,				
<b>MAILING ADDRESS</b> 930 Stoke Rd			<b>Name of Employer</b> None	
<b>CITY</b> Villanova			<b>Date (month, day, year)</b> 10/26/2018	
<b>STATE</b> PA			<b>Amount</b> 2700.00	
<b>ZIP CODE</b> 19085-2024			<b>Transaction ID : VNVWKGGNX20</b>	
<b>Occupation</b> Homemaker				
<b>B. FULL NAME</b> Rothenberg, Barbara, , ,				
<b>MAILING ADDRESS</b> 706 Salem Ct			<b>Name of Employer</b> The Law Firm of Allen L. Rothenberg	
<b>CITY</b> Yardley			<b>Date (month, day, year)</b> 10/26/2018	
<b>STATE</b> PA			<b>Amount</b> 1000.00	
<b>ZIP CODE</b> 19067-2901			<b>Transaction ID : VNVWKGGNX12</b>	
<b>Occupation</b> Attorney				
<b>C. FULL NAME</b> Blumling & Gusky LLP				
<b>MAILING ADDRESS</b> 436 7th Ave Ste 1200			<b>Name of Employer</b> 	
<b>CITY</b> Pittsburgh			<b>Date (month, day, year)</b> 10/26/2018	
<b>STATE</b> PA			<b>Amount</b> 1000.00	
<b>ZIP CODE</b> 15219-1818			<b>Transaction ID : VNVWKGGNW93</b>	
<b>Occupation</b> 				
<b>D. FULL NAME</b> Leidos Inc Political Action Committee				
<b>MAILING ADDRESS</b> 301 Laboratory Rd			<b>Name of Employer</b> 	
<b>CITY</b> Oak Ridge			<b>Date (month, day, year)</b> 10/26/2018	
<b>STATE</b> TN			<b>Amount</b> 2000.00	
<b>ZIP CODE</b> 37830-6912			<b>Transaction ID : VNVWKGGNYG4</b>	
<b>Occupation</b> 				
<b>E. FULL NAME</b> Kelly, Shannon, , ,				
<b>MAILING ADDRESS</b> 4 Harbour Way			<b>Name of Employer</b> Retirement Services at Ascensus	
<b>CITY</b> Monmouth Beach			<b>Date (month, day, year)</b> 10/26/2018	
<b>STATE</b> NJ			<b>Amount</b> 1400.00	
<b>ZIP CODE</b> 07750-1009			<b>Transaction ID : VNVWKGGNX46</b>	
<b>Occupation</b> President				
<b>SIGNATURE (optional)</b> Lyons, Charles, , ,			<b>DATE</b> 10/28/2018	
<i>[Electronically Filed]</i>			<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 03/2016)

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<b>ADDRESS</b> (number and street) PO Box 58746			
<b>CITY, STATE, and ZIP CODE</b> Philadelphia PA 19102			
<b>2. NAME OF CANDIDATE</b> Casey, Robert, P, , Jr.		<b>3. OFFICE SOUGHT</b> (State and District) Senate PA	
<b>4. FEC IDENTIFICATION NUMBER</b> C00431056		<i><b>continuation page</b></i>	
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Hallmark Cards PAC  2501 McGee St MD 500 Kansas City MO 64108-2600	Name of Employer  Transaction ID : VNVWKGNYE8 Occupation	Date (month, day, year)  10/26/2018	Amount  2000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer  Occupation	Date (month, day, year)	Amount
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer  Occupation	Date (month, day, year)	Amount
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer  Occupation	Date (month, day, year)	Amount
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer  Occupation	Date (month, day, year)	Amount